



Onyx Docket No.: ONYX1047-DIV  
USSN: 10/669,768  
Patent

**Certificate of First Class Mailing**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the following date:

19 Sept 2006  
Date

Gary R. Fein  
Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|  |                       |
|--|-----------------------|
| In Re Application of: Shen, Y., et al.                                 | Confirmation No. 8135 |
| Serial No.: 10/669,768   | Art Unit: 1633        |
| Filing Date: 24 September 2003   | Examiner: M. Marvich  |
| Title: ADENOVIRUS E1B-55K SINGLE AMINO ACID MUTANTS AND METHODS OF USE |                       |

**TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-referenced application are the following documents:

1. Transmittal (in duplicate);
2. RESPONSE AND AMENDMENT, including amendments to the specification, and complete listing of the claims;
3. PETITION TO ACCEPT COLOR DRAWINGS (PHOTOGRAPHS) (in duplicate), including the fee (\$130.00) set forth in §1.17(h), three (3) copies of color drawings, and one black and white copy of the drawing; and
4. Return Receipt Postcard.

**Authorization to Charge Deposit Account.** The Response and Amendment adds claims to the application. The current number of claims in the application are as follows: Four (4) independent and 26 dependent claims for a total of 30 claims. Previously applicants paid for Three (3) independent claims and a total of 20 claims. The fee has been calculated as follows:

| Description                       | Item Charge Fee | Large Entity Fee |
|-----------------------------------|-----------------|------------------|
| A. Total Claims $30 - 20 = 10$    | x \$50.00       | \$500.00         |
| B. Independent Claims $4 - 3 = 1$ | x \$200.00      | \$200.00         |
| C. TOTAL FEE (A + B)              |                 | \$700.00         |

Accordingly, the Commissioner is authorized to charge **\$700.00** to Deposit Account No. 15-0615 (please reference **ONYX 1047.DIV**). No further fees are believed due in connection with this paper. However, the Commissioner is hereby authorized to charge to Deposit Account No. 15-0615 (please reference **ONYX 1047.DIV**) any fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 which may be required by this paper, with the exception of the payment of the Issue Fee.

Respectfully submitted,

Dated: 19 Sept 2006

By : Gary R. Fabian  
Gary R. Fabian, Ph.D.  
Registration No. 33,875  
Agent for Applicants

ONYX Pharmaceuticals, Inc.  
2100 Powell Street  
Emeryville, CA 94608  
Phone: (510) 597-6502  
Facsimile: (510) 597-6610